



Office of Congressman Bill Cassidy
Constituent Consent and Information Form

Name: _____

Date of Birth: _____

Social Security Number: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Agency involved: _____

Numbers Identifying Case (VA claim, tax ID, etc.): _____

I, _____, authorize the (*please fill in the name of the agency involved*) _____ to release personal information to Congressman Bill Cassidy United States Representative. I authorize Congressman Bill Cassidy to request and have access to all records and reports pertinent to my request for his assistance in the following matter (*please describe*):

PLEASE NOTE: The Privacy Act of 1974 requires that Members of Congress or their staff have written authorization before they can obtain information about an individual's case. We must have your signature to proceed with a casework inquiry.

Signature: _____

Date: _____

Please print, and then mail or fax your request to Congressman Bill Cassidy at the following address:

Office of Rep. Bill Cassidy
Attn: Caseworker
5555 Hilton Avenue, Suite 100
Baton Rouge, LA 70808

-OR-

Fax: (225) 929-7688